

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 15 1953

318

PRIMARY REG. DIST. NO.

1003

State File No.

16176

Registrar's No.

4191

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>8dys</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pagedale</u> <u>4281</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Faith Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1524 Ferguson Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marie</u>		b. (Middle) <u>D.</u>		c. (Last) <u>Schillinger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 20, 1953</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>June 30, 1899</u>		9. AGE (In years last birthday) <u>53yrs</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee Mazda Lampe Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Matthias Schillinger</u>		13b. MOTHER'S MAIDEN NAME <u>Christine Mekan</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frances Schillinger 1524 Ferguson</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hem.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cardio Vasc. Renal</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>10yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>442x</u>			
22. I hereby certify that I attended the deceased from <u>July 1929</u> to <u>4-20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-20</u> , 19 <u>53</u> , and that death occurred at <u>8:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lew R. Reilly</u>		(Degree or title) _____		23b. ADDRESS <u>730 Horleasant</u>		23c. DATE SIGNED <u>4-24-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/23/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>APR 23 1953</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Alexander</u>		ADDRESS <u>16775 Delmar</u>	

Dr. Leo J. Riley

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Jos. E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address *6175 Dilmar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.